

## (1) PLACE OF BIRTH

County of Abbeville

Township of .....

Inc. Town of .....

City of Abbeville (No. 1-a)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John L. Jackson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 28 1915</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Not known(9) PRESENT POSTOFFICE OF FATHER " "(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE " "(13) OCCUPATION " "(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Eunice Jackson(15) PRESENT POSTOFFICE OF MOTHER Abbeville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years) 23(18) BIRTHPLACE Abbeville, S.C.(19) OCCUPATION Cook(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 a.m. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Mary A. Childers(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness J. G. Perrin  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 28 1915 (28) J. G. Perrin Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

13329